

FORM FOR NOMINATION / APPOINTEE ADDITION

- Please fill this form in BLOCK LETTERS using black or blue ink
- This form must be filled by the holder of a policy of life insurance on his own life
- "If the nomination is in favour of a minor, Appointee details are mandatory".
- If the policyholder desires to appoint more than one nominee, all the nominees must be appointed in the same form.
- All previous nominations shall be automatically cancelled on the receipt of this form and the form last received by the company shall prevail for establishing a claim.
- The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to Kotak Mahindra Old Mutual Life Insurance Limited. In which case the nominees' right shall be affected to the extent of the insurers interest in the policy
- This nomination form must be sent to the "Kotak Mahindra Old Mutual Life Insurance Limited, Policy Servicing Department, Central Processing Centre, 8th Floor, Godrej Coliseum, Lokmanya Pan Bazaar, Behind Everard Nagar, Sion, Trombay Road, Sion (E) Mumbai- 400022
- This nomination shall not be effectual unless it is communicated to and registered by Kotak Mahindra Old Mutual Life Insurance Limited

GENERAL INFORMATION

Policy Number	<input type="text"/>	Client ID	<input type="text"/>
Name of Life Insured	<input type="text"/>		
Mr./Ms./Mrs.	Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I, _____, as the Life Insured in the above named policy nominate the following person(s) to whom the money secured by the policy shall be paid in the event of my death

PARTICULARS OF THE NOMINEE (S)

PARTICULARS	NOMINEE-1	NOMINEE-2
Client ID <small>(for existing Kotak Life Insurance policyholders)</small>	<input type="text"/>	<input type="text"/>
Percentage Share	<input type="text"/> (%)	<input type="text"/> (%)
Title	Mr. <input type="text"/> Ms. <input type="text"/> Mrs. <input type="text"/> Dr. <input type="text"/>	Mr. <input type="text"/> Ms. <input type="text"/> Mrs. <input type="text"/> Dr. <input type="text"/>
FULL NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to the Life Insured	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
ADDRESS	Office <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Current Residence <input type="checkbox"/>	Office <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Current Residence <input type="checkbox"/>
	Flat /Building	Flat /Building
	Road /Sector	Road /Sector
	Area	Area
	Landmark	Landmark
	City	City
	State <input type="text"/> Pin <input type="text"/>	State <input type="text"/> Pin <input type="text"/>
Telephone Number <small>(with STD Codes)</small>	Residence <input type="text"/> Office <input type="text"/> Mobile <input type="text"/>	Residence <input type="text"/> Office <input type="text"/> Mobile <input type="text"/>
E-mail ID	<input type="text"/>	<input type="text"/>



P.T.O.

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for change/addition of nominee/appointee for policy number _____

Branch Name and Code	<input type="text"/>
Name of Branch Official	<input type="text"/>
Signature of Branch Official	<input type="text"/>

Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Time	<input type="text"/>

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 9th Floor, Godrej Coliseum, Behind Everard Nagar, Sion (East), Mumbai - 400 022.

www.kotaklifeinsurance.com

Insurance is the subject matter of the solicitation.

APPOINTEE DETAILS (Mandatory if Nominee is Minor)

PARTICULARS OF THE APPOINTEE (The person to whom the proceeds/benefits secured under the policy shall be paid if the nominee is a minor)

TITLE(Mr./Ms/Mrs.)	SURNAME	FIRST NAME	MIDDLE NAME
CLIENT ID (for existing Kotak Life Insurance policyholders)	Nationality	Indian	Others (Pls Specify)
DATE OF BIRTH	Gender	Male	Female
RELATIONSHIP TO NOMINEE	ADDRESS	Office Address	Permanent Residence address
Flat /Building	Road /Sector	Area	Current Residence Address
Landmark	City	Pin	
Telephone Number (with STD Codes)	Residence	Office	
Mobile	E-mail ID		

Signature of appointee

Signature of appointee

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

I hereby declare that I understand and agree to all the conditions and information given above

Place _____

Date

Signature of policy holder/assignee

DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)

I, _____ having known the policy holder for a period of _____ do declare that I have explained the nature of the questions contained in this form.

Place _____Date

Address of Scribe

Flat /Building	
Road /Sector	
Area	
Landmark	
City	
State	Pin

Signature of Scribe

FOR OFFICE USE

Name of Branch Official _____

Branch Code _____

Signature of Branch Official _____

Date

Time _____

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